

216005456
80331

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

2	Total Number of Vehicles	Local No./ District 028	Agency Case No. B6-009698	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 02/03/2016		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1600	POLICE NOTIFIED 1611	Amended
B 25	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N 23rd/ T to U St		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	02/04/2016
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.		LATITUDE
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
	NAME OF INTERSECTING ROADWAY			X FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 14	27.00			X U ST Curb		
V2/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	G02179371		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 1	DRIVER	KARLA K OPP		PHONE	LOCAL NO.	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	06/05/1969	
G 2	OWNER	CITY OF LINCOLN - STARTRAN		PHONE	LOCAL NO.	
	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
H 5	LICENSE PLATE	GM NO.	24189	YEAR (Plate Expires)	STATE (Of Plate)	NE
V1/O 1	VEHICLE	2001	Make Gilig	MODEL LF	BODY STYLE Bus (seats 15+	COLOR white
V2/O 1	VEHICLE ID NO. (VIN)	15GGB271111071421		INSURANCE COMPANY	Self Insured	
	TOWED TO	TOWED BY		POLICY NO.		
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER			PHONE	LOCAL NO.	
V2/P 8	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
J 01	OWNER	AUGUST W CARLSON		PHONE	LOCAL NO.	
	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V1/Q 4	LICENSE PLATE	PA NO.	SLD148	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q 3	VEHICLE	2006	Hyundai	MODEL SGX	BODY STYLE 4 door Sedan	COLOR silver / chrome
K 01	VEHICLE ID NO. (VIN)	5NPEU46F46H083196		INSURANCE COMPANY	Farm Buearu	
	TOWED TO	TOWED BY		POLICY NO.	7455943	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS			5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-009698

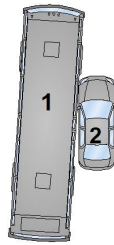


Indicate
North
by Arrow



N 23rd

U ST



Measurements are approx

Not To Scale

**POI: 27FT south of the
south curb of U St
7 ft west of the east curb
of N 23rd**

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver 1(D1) stated that she was stopping to let a passenger out at the bus stop. D1 said she was NB on N 23rd in between Village Ave and U St. D1 said there was another bus on the west side as she pulled in to drop off the passenger. D1 said she then heard when she hit the mirror of veh 2. Veh 2 was parked and unoccupied.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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State of Nebraska

Investigator's Supplemental Truck and Bus Accident Report

This form must be completed in **addition** to the DR Form 40, "Investigator's Motor Vehicle Accident Report," if any of the vehicles involved meet the criteria listed on the back of this form.

Sheet 3 of 3

LOCAL NO./DISTRICT 028		DATE OF ACCIDENT 02/03/2016	COUNTY Lancaster	CITY Lincoln	STATE USE ONLY	
AGENCY CASE NO. B6-009698		OCCURRED ON HIGHWAY/ROAD/STREET N 23rd/ T to U St			Amended	
TRUCK / BUS - 1						
DRIVER (Print or type full name) KARLA K OPP			CARRIER IDENTIFICATION		1 U.S. DOT 1 ICC MC	
CARRIER NAME (Print or type full name) City of Lincoln			GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers)		<input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input checked="" type="checkbox"/> More than 26,000 Lbs.	
CARRIER ADDRESS (Street or R.F.D.) 710 J St, Lincoln, NE 68508			CITY, STATE, ZIP			
TRAILER LICENSE PLATE No.		Year	State	VEHICLE CONFIGURATION (Check one)		CARGO BODY TYPE (Check one)
COMMERCE CLASSIFICATION (Check one)		TRUCK WIDTH (Widest part of truck or trailer)		DRIVER'S LICENSE CLASS CODE		
1 <input type="checkbox"/> Interstate Commerce 2 <input type="checkbox"/> Intrastate Commerce 3 <input type="checkbox"/> Not Applicable		1 <input type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input checked="" type="checkbox"/> Other (Specify) 104		A <input type="checkbox"/> M <input type="checkbox"/> B <input checked="" type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/>		
HAZARDOUS MATERIAL INVOLVED						
Did vehicle have a Haz Mat Placard? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. _____		Was hazardous cargo released? (Do not count fuel from fuel tank) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		
BUS USE						
1 <input type="checkbox"/> Not a Bus 3 <input type="checkbox"/> Charter Bus 5 <input type="checkbox"/> Intercity Bus 7 <input type="checkbox"/> Other 2 <input checked="" type="checkbox"/> Transit Bus 4 <input type="checkbox"/> School Bus 6 <input type="checkbox"/> Not Reported						
TRUCK / BUS - 2						
DRIVER (Print or type full name)			CARRIER IDENTIFICATION		1 U.S. DOT 1 ICC MC	
CARRIER NAME (Print or type full name)			GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers)		<input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input type="checkbox"/> More than 26,000 Lbs.	
CARRIER ADDRESS (Street or R.F.D.)			CITY, STATE, ZIP			
TRAILER LICENSE PLATE No.		Year	State	VEHICLE CONFIGURATION (Check one)		CARGO BODY TYPE (Check one)
COMMERCE CLASSIFICATION (Check one)		TRUCK WIDTH (Widest part of truck or trailer)		DRIVER'S LICENSE CLASS CODE		
1 <input type="checkbox"/> Interstate Commerce 2 <input type="checkbox"/> Intrastate Commerce 3 <input type="checkbox"/> Not Applicable		1 <input type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify)		A <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/>		
HAZARDOUS MATERIAL INVOLVED						
Did vehicle have a Haz Mat Placard? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No. _____		Was hazardous cargo released? (Do not count fuel from fuel tank) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
BUS USE						
1 <input type="checkbox"/> Not a Bus 3 <input type="checkbox"/> Charter Bus 5 <input type="checkbox"/> Intercity Bus 7 <input type="checkbox"/> Other 2 <input type="checkbox"/> Transit Bus 4 <input type="checkbox"/> School Bus 6 <input type="checkbox"/> Not Reported						
INVESTIGATOR NAME (Print or type) Jorge Dimas			INVESTIGATOR SIGNATURE Approved by Officer Jorge Dimas		DEPARTMENT Lincoln Police Department	OFFICER NO. 1583
						DATE OF REPORT 02/04/2016